

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	22	↔		↔		↔
TOTAL CLAIMS	24					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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100								
TOTAL IND.			↔			↔		
TOTAL DEP.			↔			↔		
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS